MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
3		/		/			53							
4	/		/				54							
5		/		/			55							
6		/		/			56							
7	0			/			57							
8	0			/			58							
9		/		/			59							
10	3			/			60							
11	/			/			61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
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41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			2				TOTAL IND.							
TOTAL DEP.			9				TOTAL DEP.							
TOTAL CLAIMS			11				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1350 (REV. 3-78)